

Health IT Standards Committee

A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT



Semantic Standards Workgroup

2015 Edition Certification NPRM
Prioritization
Recommendations/Standards Readiness
Assessment

Becky Kush, co-chair
Jamie Ferguson, co-chair

June 24, 2015

Membership



Health IT Standards Committee
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Members	Organization
Co-Chairs	
Jamie Ferguson	Kaiser Permanente
Rebecca Kush	Clinical Data Interchange Standards Consortium (CDISC)
Members	
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Todd Cooper	Breakthrough Solutions Foundry, Inc. , Center for Medical Interoperability
Stan Huff	Intermountain Healthcare
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Harry Rhodes	AHIMA
Eric Rose	Intelligent Medical Optics (IMO)
John Speakman	New York University Langone Medical Center
Asif Syed	American Medical Association (AMA)
Andy Wiesenthal - liaison member	Deloitte Consulting, LLP
Ex Officio Members	
Steve Brown	Veterans Administration (VA)
Margaret Haber	Enterprise Vocabulary Services, National Cancer Institute (NCI)
Betsy Humphreys	National Library of Medicine (NLM)
Mitra Rocca	Food and Drug Administration (FDA)
ONC Staff Lead	
Patricia Greim	Office of the National Coordinator for Health IT

Semantic Standards – Certification Rule Workplan



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	Meetings	Task
✓	March 27, 2015 2:30pm-3:30pm ET HITSC Administrative Meeting	• Charged by HITSC with commenting on the Certification NPRM
✓	April 1, 2015, 12:00pm-1:30pm	• Certification NPRM Introduction and process
✓	<i>April 22, 2015 – HITSC meeting</i>	• Interoperability Roadmap V.1 comments to the HITSC
✓	April 24, 2015 1:00pm ET	• Group 2 - Small Group Discussion #1
✓	April 30, 2015 2:00pm ET	• Group 2 - Small Group Discussion #2
✓	May 4, 2015, 11:30 -1:00pm	• Group 2 to report out to full workgroup
✓	May 15, 2015, 10:30 -11:30am	• Group 1 to report out to full workgroup
✓	May 18, 2015, 10:00am-11:30am	• Finalize Comments for both groups 1 & 2
✓	<i>May 20, 2015 – HITSC Meeting</i>	• <i>Present Certification NPRM Comments to the HITSC</i>
✓	June 8, 2015 – 11:30am-1:00pm	• Prioritization recommendations for NPRM Standards
✓	June 11, 2015 – 12:00pm-1:30pm	• Prioritization recommendations for NPRM continued
➔	<i>June 24, 2015 – HITSC Meeting</i>	• <i>Present prioritization recommendations</i>

HITSC Readiness Evaluation and Classification Criteria for Technical Specifications



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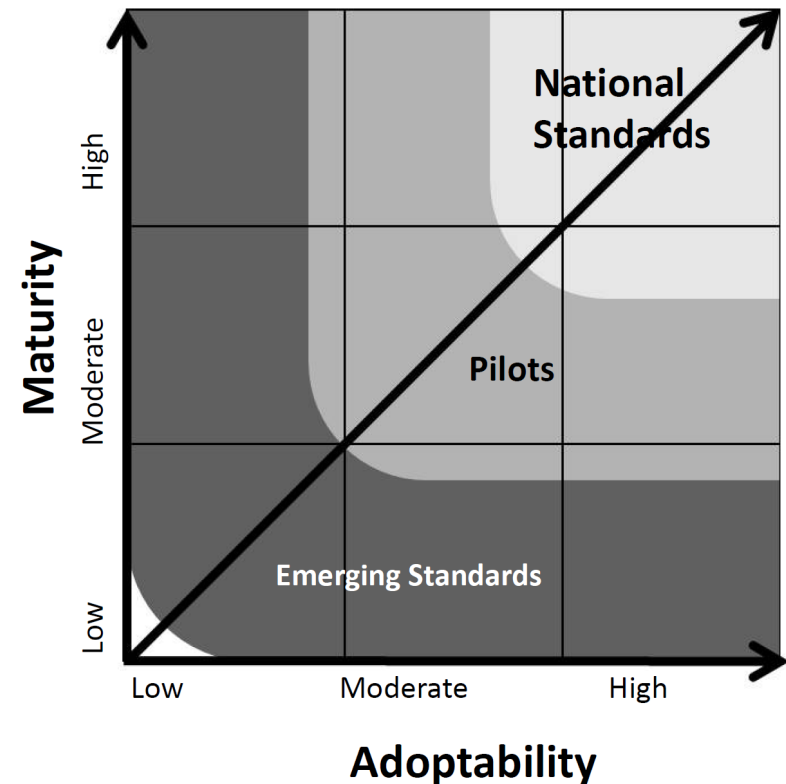
The Metrics the HITSC has adopted for helping to determine when a technology specification is ready to become a national standard.

Maturity Criteria:

- Maturity of Specification
- Maturity of Underlying Technology Components
- Market Adoption

Adoptability Criteria:

- Ease of Implementation and Deployment
- Ease of Operations
- Intellectual Property



See [Evaluating and classifying the readiness of technology specifications for national standardization \(PDF\) at jamia.oxfordjournals.org](http://jamia.oxfordjournals.org)



- Principles for our ratings follow the article's reasoning, criteria, and attributes
 - Standards still under development or in draft stage (DSTU) by definition cannot be High maturity (e.g. FHIR profiles, application access APIs, others)
 - With evidence of successful pilots Maturity/Adoptability generally is Medium
 - Need to consider the relationship between the target/desired level of adoption vs. the current level, and consider other barriers to adoption (e.g. associated infrastructure) when rating adoptability
- There are items which may not meet criteria for National Standards but may still be valuable or necessary to designate
 - ICD-10-CM and ICD-10-PCS are not in use but specified in HIPAA rules
 - UCUM is not widely adopted but is the only choice to standardize units
- It can be good to focus on items in isolation but when considered in combination or in a broader context they may be problematic
 - LOINC for laboratory CPOE has been successful in isolated instances but still has major barriers to broad adoption
- Using the criteria and definition of attributes, standards not listed as “High/High” should not qualify for designation as National Standards, except as noted

Standards Readiness for Inclusion in Certification



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Standard	Certification Criteria in Proposed Rule	Maturity L/M/H	Adoptability L/M/H
<u>CDT</u> CDT: Code on Dental Procedures and Nomenclature	§ 170.315(b)(1) – Transitions of care	H	H
	§ 170.315(b)(6) – Data portability	H	H
	§ 170.315(e)(1) – View, download, and transmit to 3 rd party	H	H
	§ 170.315(g)(6) – Consolidated CDA creation performance	H	H
	§ 170.315(g)(7) – Application access to common clinical data set	L	L

Standards Readiness for Inclusion in Certification, continued



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<u>CPT-4</u> CPT - Current Procedural Terminology	§ 170.315(b)(1) – Transitions of care	H	H
	§ 170.315(b)(6) – Data portability	H	H
	§ 170.315(e)(1) – View, download, and transmit to 3 rd party	H	H
	§ 170.315(g)(6) – Consolidated CDA creation performance	H	H
	§ 170.315(g)(7) – Application access to common clinical data set	L	L

Standards Readiness for Inclusion in Certification, continued



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Standard	Certification Criteria in Proposed Rule	Maturity	Adoptability
		L/M/H	L/M/H
<u>ICD-10-PCS</u> International Classification of Diseases 10th Revision Procedure Coding System	§ 170.315(b)(1) – Transitions of care	L	L
	§ 170.315(b)(6) –Data portability	L	L
	§ 170.314(e)(1) – View, download, and transmit to 3 rd party	L	L
	§ 170.315(g)(6) – Consolidated CDA creation performance	L	L
	§ 170.315(g)(7) – Application access to common clinical data set	L	L

Standards Readiness for Inclusion in Certification, continued



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		L/M/H	L/M/H
<u>Logical Observation Identifiers Names and Codes (LOINC®) Database version 2.50</u> Logical Observation Identifiers Names and Codes (LOINC®) Database version 2.50 (Continued on Next Slide)	§ 170.315(a)(2) - Computerized provider order entry – laboratory	L	L
	§ 170.315(a)(6) – Vital signs, body mass index, and growth charts	H	M
	§ 170.315(a)(21) – Social, psychological, and behavioral data	M	L
	§ 170.315(b)(1) – Transitions of care	H	H
	§ 170.315(b)(4) – Incorporate laboratory tests and values/results	H	H
	§ 170.315(b)(5) – Transmission of laboratory test reports	H	M

Standards Readiness for Inclusion in Certification, continued



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Standard	Certification Criteria in Proposed Rule	Maturity	Adoptability
		L/M/H	L/M/H
Logical Observation Identifiers Names and Codes (LOINC®) Database version 2.50 Logical Observation Identifiers Names and Codes (LOINC®) Database version 2.50 (Continued from Previous Slide)	§ 170.315(b)(6) – Data portability	H	H
	§ 170.315(e)(1) – View, download, and transmit to 3 rd party	H	H
	§ 170.315(f)(3) – Transmission to public health agencies – reportable laboratory tests and values/results	M	M
	§ 170.315(f)(4) – Transmission to cancer registries	M	M
	§ 170.315(g)(6) – Consolidated CDA creation performance	H	H
	§ 170.315(g)(7) – Application access to common clinical data set	L	L

Standards Readiness for Inclusion in Certification, continued



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		L/M/H	L/M/H
<u>“Race & Ethnicity – CDC” code system in the PHIN Vocabulary Access and Distribution System (VADS), Release 3.3.9</u> CDC Race & Ethnicity	§ 170.315(a)(5) – Demographics	H	M
	§ 170.315(b)(1) – Transitions of care	H	M
	§ 170.315(b)(6) – Data portability	H	M
	§ 170.315(c)(4) – Clinical quality measures – filter	M	M
	§ 170.315(e)(1) – View, download, and transmit to 3 rd party	H	M
	§ 170.315(g)(6) – Consolidated CDA creation performance	H	M
	§ 170.315(g)(7) – Application access to common clinical data set	L	L

Adoptability is hampered by the lack of alignment across federal agencies.

Standards Readiness for Inclusion in Certification, continued



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		L/M/H	L/M/H
<u>The Office of Management and Budget Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity, Statistical Policy Directive No. 15, as revised, October 30, 1997</u> OMB Race and Ethnicity	§ 170.315(a)(5) – Demographics	H	M
	§ 170.315(b)(1) – Transitions of care	H	M
	§ 170.315(b)(6) – Data portability	H	M
	§ 170.315(e)(1) – View, download, and transmit to 3 rd party	H	M
	§ 170.315(g)(6) – Consolidated CDA creation performance	H	M
	§ 170.315(g)(7) – Application access to common clinical data set	L	L

Adoptability is hampered by the lack of alignment across federal agencies.

Standards Readiness for Inclusion in Certification, continued



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Standard	Certification Criteria in Proposed Rule	Maturity	Adoptability
		L/M/H	L/M/H
Birth sex must be coded in accordance with HL7 Version 3 attributed as follows: (i) Male. M (ii) Female. F (iii) Unknown. UNK	§ 170.315(a)(5) – Demographics	M	M
	§ 170.315(a)(6) – Vital signs, body mass index, and growth charts	M	M
	§ 170.315(a)(21) – Social, psychological, and behavioral data	M	M
	§ 170.315(b)(1) – Transitions of care	M	M
	§ 170.315(b)(6) – Data portability	M	M
	§ 170.315(c)(4) – Clinical quality measures – filter	M	M
	§ 170.315(e)(1) – View, download, and transmit to 3 rd party	M	M
	§ 170.315(g)(6) – Consolidated CDA creation performance	M	M
§ 170.315(g)(7) – Application access to common clinical data set	L	L	

Adoptability is hampered by the lack of alignment across federal agencies.

Standards Readiness for Inclusion in Certification, continued



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<p>HL7 Version 3 attributed as follows:</p> <ul style="list-style-type: none"> • Other. nullFlavor OTH • Asked but unknown. nullFlavor ASKU 	<p>§ 170.315(a)(21) – Social, psychological, and behavioral data</p>	<p>H</p>	<p>L</p>

Standards Readiness for Inclusion in Certification, continued



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		L/M/H	L/M/H
<u>The Unified Code of Units of Measure, Revision 1.9</u> UCUM Unified Codes for Measure	§ 170.315(a)(6) – Vital signs, body mass index, and growth charts	H	M
	§ 170.315(a)(21) – Social, psychological, and behavioral data	H	M
	§ 170.315(b)(1) – Transitions of care	H	M
	§ 170.315(b)(6) – Data portability	H	M
	§ 170.315(e)(1) – View, download, and transmit to 3 rd party	H	M
	§ 170.315(g)(6) – Consolidated CDA creation performance	H	M
	§ 170.315(g)(7) – Application access to common clinical data set	L	L

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Standard	Certification Criteria in Proposed Rule	Maturity L/M/H	Adoptability L/M/H
<u>HL7 Version 3 Implementation Guide: Family History/Pedigree Interoperability</u> HL7 V3	§ 170.315(a)(15) – Family health history - pedigree	L	L

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		L/M/H	L/M/H
<u>International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®), U.S. Edition, September 2014 Release</u> SNOMED CT (Continued on Next Slide)	§ 170.315(a)(7) – Problem List	H	H
	§ 170.315(a)(12) – Smoking Status	H	M
	§ 170.315(a)(14) – Family Health History	H	H
	§ 170.315(a)(21) – Social, psychological, and behavioral data	H	H
	§ 170.315(b)(1) – Transitions of care	H	H
	§ 170.315(b)(2) – Clinical information reconciliation and incorporation	H	L
	§ 170.315(b)(6) – Data portability	H	H

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		L/M/H	L/M/H
International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®), U.S. Edition, September 2014 Release SNOMED CT (Continued from Previous Slide)	§ 170.315(c)(4) – Clinical quality measures – filter	M	M
	§ 170.315(e)(1) – View, download, and transmit to 3 rd party	H	H
	§ 170.315(f)(3) –Transmission to public health agencies – reportable laboratory tests and values/results	M	M
	§ 170.315(f)(4) – Transmission to cancer registries	M	M
	§ 170.315(g)(6) – Consolidated CDA creation performance	H	H
	§ 170.315(g)(7) – Application access to common clinical data set	L	L

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<p><u>The National Council for Prescription Drug Programs Formulary and Benefits Standard, Implementation Guide, Version 3, Release 0 (Version 3.0), April 2012</u></p> <p>NCPDP</p>	<p>§ 170.315(a)(11) – Drug formulary and preferred drug list checks</p>	<p>H</p>	<p>M</p>

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		L/M/H	L/M/H
HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes, Draft Standard for Trial Use, Release 2.0 Consolidated CDA	§ 170.315(b)(1) – Transitions of care	M	H
	§ 170.315(b)(2) – Clinical information reconciliation and incorporation	M	L
	§ 170.315(b)(6) – Data portability	M	H
	§ 170.315(b)(7) – Data segmentation for privacy – send	L	L
	§ 170.315(b)(9) – Care plan	M	H
	§ 170.315(e)(1) – View, download, and transmit to 3 rd party	M	H
	§ 170.315(g)(6) – Consolidated CDA creation performance	M	H
	§ 170.315(g)(7) – Application access to Common Clinical Data Set	L	L
§ 170.315(i)(1) – Electronic submission of medical documentation	M	L	

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<u>ICD-10-CM*</u>	§ 170.315(b)(1) – Transitions of care	L	L
	§ 170.315(b)(6) – Data portability	L	L
<u>SCRIPT Standard, Implementation Guide, Version 10.6, October, 2008</u>	§ 170.315(b)(3) – Electronic prescribing	H	H

*Although rated both low maturity and low adoptability, HIPAA requirements merit recognition as a standard.

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		L/M/H	L/M/H
<u>RxNorm, a standardized nomenclature for clinical drugs produced by the United States National Library of Medicine, February 2, 2015 Release</u> RxNorm	§ 170.315(b)(1) – Transitions of care	M	M
	§ 170.315(b)(2) – Clinical information reconciliation and incorporation	M	L
	§ 170.315(b)(3) – Electronic prescribing	M	H
	§ 170.315(b)(6) – Data portability	M	M
	§ 170.315(e)(1) – View, download, and transmit to 3 rd party	M	M
	§ 170.315(g)(6) – Consolidated CDA creation performance	M	M
	§ 170.315(g)(7) – Application access to common clinical data set	L	L

Standards Readiness for Inclusion in Certification, continued



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		L/M/H	L/M/H
<u>HL7 Standard Code Set CVX—Vaccines Administered, updates through February 2, 2015</u>	§ 170.315(b)(1) – Transitions of care	H	H
	§ 170.315(b)(6) – Data portability	H	H
	§ 170.315(e)(1) – View, download, and transmit to 3 rd party	H	H
	§ 170.315(f)(1) – Transmission to immunization registries	H	M
	§ 170.315(g)(6) – Consolidated CDA creation performance	M	M
	§ 170.315(g)(7) – Application access to common clinical data set	L	L

Standards Readiness for Inclusion in Certification, continued



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		L/M/H	L/M/H
<u>National Drug Code Directory– Vaccine Codes, updates through January 15, 2015</u>	§ 170.315(b)(1) – Transitions of care	M	M
	§ 170.315(b)(6) – Data portability	M	M
	§ 170.315(e)(1) –View, download, and transmit to 3 rd party	M	M
	§ 170.315(f)(1) – Transmission to immunization registries	M	M
	§ 170.315(g)(6) – Consolidated CDA creation performance	M	M
	§ 170.315(g)(7) – Application access to common clinical data set	L	L

Standards Readiness for Inclusion in Certification, continued



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<u>PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent, Ambulatory Care, and Inpatient Settings, Release 2.0</u>	§ 170.315(f)(2) – Transmission to public health agencies – syndromic surveillance	M	M
<u>HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 2 (US Realm), Draft Standard for Trial Use, Release 1.1</u>	§ 170.315(f)(3) – Transmission to public health agencies – reportable laboratory tests and values/results	M	M

Standards Readiness for Inclusion in Certification , continued



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Standard	Certification Criteria in Proposed Rule	Maturity L/M/H	Adoptability L/M/H
<u>HL7 Implementation Guide for CDA[®] Release 2: Reporting to Public Health Cancer Registries from Ambulatory Healthcare Providers, Release 1</u>	§ 170.315(f)(4) – Transmission to cancer registries	M	M
<u>IHE Quality, Research, and Public Health Technical Framework Supplement, Structured Data Capture, Trial Implementation</u>	§ 170.315(f)(5) – Transmission to public health agencies – case reporting	M	M

Standards Readiness for Inclusion in Certification, continued



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Standard	Certification Criteria in Proposed Rule	Maturity L/M/H	Adoptability L/M/H
<u>HL7 Implementation Guide for CDA[®] Release 2 – Level 3: Healthcare Associated Infection Reports, Release 1, U.S. Realm</u>	§ 170.315(f)(6) – Transmission to public health agencies – antimicrobial use and resistance reporting	M	M
<u>HL7 Implementation Guide for CDA Release 2: National Health Care Surveys (NHCS), Release 1 – US Realm, Draft Standard for Trial Use</u>	§ 170.315(f)(7) – Transmission to public health agencies – health care surveys	M	M